

Executive Committee Review

**Workplan: David Doth, Department of Health and Family Support
December 18, 2002**

A. Outline of Presentation (Eilbracht memo - 11/1/02):

Vision for the department

Workplan for 2003

1. Business Planning
2. Financial Planning
3. Workforce Planning

Outcomes

B. Vision for the Department of Health and Family Support

The Department's Mission: We work to ensure that all families are healthy and fully share in the social and economic opportunities of the City. We work in partnerships with community organizations, other units of government, schools and health and human services organizations.

Guiding Principles

1. Our activities are investments in the health and social and economic well being of the citizens of Minneapolis.
2. Our work is accomplished through collaborations and partnerships. We acknowledge the complexity and challenge of this approach and are committed to creating and nurturing these efforts.
3. We work actively to build community capacity.
4. We recognize, reflect and respond to the increasing diversity of our city.
5. We identify and define outcomes and evaluate and report on results.
6. We make decisions about resource allocation based on sound research or promising strategies.

(Attachment 1 lays out the practical application of these principles.)

C. Work Plan for 2003 - (Business, Financial and Workforce)

1. **Work Plan: Business Planning**. The departmental workplan falls into three major areas: 1) Strategic Directions, (2) New and Emerging Issues, and (3) Community Engagement. Each of these areas is presented below in some detail. In some instances the particular activities may cut across more than one area.)

A. Strategic Directions. The 2003 workplan of the department will carry over four key strategic directions:

- 1) Improving community health. This includes:
 - School and community partnerships to support school health - Healthy Learners Board
 - Screening of at risk families and children - Immunization registry, preschool screening, at-risk kids.
 - Community safety net supports - Neighborhood network clinics, supporting expanded access to health care, policy initiatives related to childrens mental health, minors' consent, etc.
 - Community supports related to health - lead screening and abatement, tobacco and youth access projects, the public health laboratory.
- 2) Eliminate health disparities. The health areas with the widest documented disparities in Minneapolis are:
 - Infant mortality
 - Sexually transmitted infections
 - Teen pregnancy

Each area is tied to a number of important project activities including Youth Risk Behavior grants, Healthy Start Initiative, Latino teenage home visiting Program, TANF home visiting for at-risk mothers, Northside campaign to reduce STDs, teen pregnancy collaborative with other stakeholders, and school-based clinics.

- 3) Support and welcome New Arrivals. The department oversees the City's Multicultural Services Center. Continue the series of community-based projects working with Latino and Somali communities. Continue to work within City Departments and the MCDA to assist entrepreneurs and small business owners and to assure their needs are met in the new CPED entity. Continue to provide assistance to all City Departments on regular business issues. With the MSC now operational this will become a regular business item.
- 4) Develop a healthy workforce. Oversee the community-based delivery system, work with vendors and evaluate performance, and outcomes. Implement Public Service Academy, partner with metro counties.

B. New and Emerging Issues

- Bioterrorism planning and response. Activities: 1) Develop local capacity in the context of overall City Emergency Planning, (2) Develop well-defined relationships with county in area of bio-terrorism response, (3) develop detailed plans for response to a range of incidents or events including details of finance, personnel, logistics and volunteer management, (4) implement clear communication strategies to elected officials, community, and special populations.
- Response to Focus Minneapolis/CPED. These three areas have additional, detailed analysis underway:
 - 1) Housing - Should the two housing advocates be transferred to the new CPED housing division?
 - 2) Mpls Employment and Training - How should the METP jobs activities be aligned with the new CPED jobs initiative?
 - 3) MDHFS - Should we structure a human development focus in the new organization? What is the range of choices? What are the opportunities for better partnerships with the schools suggested by McKinsey?
- Future of direct services - New Families Center, School-based Clinics, Skyway Senior Center and the Public Health Laboratory. The discussion about the future of direct services is driven by two different forces: 1) The need to construct alternative budget (and management) scenarios around the direct service enterprises - driven by health care cost increases, and (2) the proposed City Goals that suggest that the City will not provide direct health and social services. Finally, the Skyway Senior is in the process of establishing 501 (C) (3) status to become a fee-standing non-profit organization.
- Urban Health Coordination and Hennepin County Overlap Study. The County and the City have initiated a study to look at opportunities for improved contracting processes. The project review includes staff from both the county and the city. The larger question is how we implement an accountable system with such diverse responsibilities.
- State-level issues. The state budget shortfall will certainly impact the department's programs. The range of possible reductions is discussed below.

C. Community Engagement. Community engagement is both a strategy and an end in itself. At the present time the department has a wide range of community relationships and projects underway. These projects improve the health and well-being of city residents and make the community more livable. These 36 projects are detailed in Appendix 2. The projects fall into eight categories:

- Special projects and partnerships working with new arrivals.
- Special projects and partnerships with racial, ethnic and native communities.
- Partnerships to connect health and youth development through sports.
- Partnerships to improve the health of babies, infants and children.
- Special projects to support youth development and reduce risk behaviors.
- Special projects or partnerships that help people find work.
- Special projects to help seniors and others living in the community.
- Special projects to improve community livability.

2. Work Plan - Financial Planning.

A. Current Council Approved Budget for 2003: \$24,240,240 This supports 90.15 FTEs

General Fund:	\$3,889,486
CDBG:	\$3,911,500
Maternal Child Health/Federal:	\$1,600,315
Other Federal Grants:	\$9,049,723
Community Health Service/State:	\$1,788,167
Other Grants:	\$4,001,049

- General Fund and CDBG represent 32% of department budget.
- The MDHFS allocation represents 1.5% of the City's General Fund. Without the laboratory budget the figure is 1.2%.
- The Public Health Laboratory: Is a General Fund activity that recaptures 85-90% of it's cost through revenue.
- State Maternal Child Health grants requires local match.
- The Employment and Training Division is essentially self-supporting.

B. 2003 Target Strategies Summary Reductions of 4% (\$110,000)

- Clinic enhancement grants to clinics (\$15,000).
- 348-Tots (\$13,000)
- MVNA (\$28,000)
- Way to Grow (\$22,000).
- Neighborhood Health Care Network (\$8,000).
- Domestic Abuse Project: (\$2,000).and
- Department research budget (\$22,000).

C. Challenges

1. State and Federal grants are not growing and have been flat for several years:
Since 1998 the two City's two primary external funding sources for community health programming (CHS & MCH) have been flat or seen slight reductions. Staff and other costs of doing business for both City and community-based operations have risen. The result has been a steady decline in services.
2. School-Based Clinics: (projected at 1.6 million for 2003)
The rising costs of doing business in the health care industry has created a financial crisis for the School-Based Clinics that will come to a head by 2004.
3. Anticipated state-level grant fund reductions. The State of Minnesota budget shortfall will have a ripple effect throughout the department & community. These resources fund City staff positions and community programs.
 - Community Health Service Grant may be cut 5-10% representing (up to \$227,000 for Minneapolis)
 - Youth Risk Behavior grants - City receives \$135,000 - all of which goes to community agencies.
 - Tobacco Endowment Funds (presently \$250,000) are at risk.
 - The Minnesota Youth Program (\$633,000) - 350 to 400 summer job opportunities for youth in Minneapolis.
4. Nationally: Several Federal funding sources are up for re-authorization.
 - The Workforce Investment Act (WIA) – funds 25% of adult, dislocated worker and youth job programs in Minneapolis.
 - TANF- (\$2,000,000)
 - Maternal Child Health Grants – 5-10% reductions are being considered (about \$170,000 in Minneapolis).
 - Other Financial Challenges - Foundation Grants: The national economic recession combined with re-investment strategies that followed September 11 has reduced the amount of resources available to address community health and social service priorities.

3. Work Plan - Workforce Planning

General. In 2002 MDHFS worked with Human Resources to develop a Workforce Action Plan. We are on track.

Although we have added two new business lines - Multi-cultural Services and the Skyway Senior Center, these were taken on at the request of the Mayor and Council. MDHFS was asked to take a leadership role in the Multi-cultural Services initiative, and the Senior Citizen Advisory Committee, with the support of the City Council, drove the creation of Skyway Senior Center. It is natural to place it under the umbrella of the Senior Ombudsman's Office.

We have worked with Human Resources to consolidate job descriptions and on re-classifications and expect to have those activities completed by the end of 2003. We are very pleased that HR has made a lot of progress in speeding up the hiring process and in turning around re-classification requests. Our Director of Administration has regularly scheduled meeting with our HR rep, to make sure that issues do not fall off the table. We have also streamlined the department's organizational chart by consolidating some functions, have left positions unfilled.

Challenges.

- Hiring: We have not been in a position to compete with the private or other public sector employers at the entry level position (step 1) wage level for most MDHFS positions. More often than not we have had to offer step 2 or 3 in order to be competitive.
- Our Nurses and Nurse Practitioners are still paid significantly below the going rate. However, we have been fortunate not to have any turnover in those positions during the past year.

Demographics

- We score well on diversity - 78% female and 28% people of color.
- We are creating opportunities to groom line staff for positions of leadership.

Succession Planning

- We are tracking our retirements and have succession plans in place. The Employment and Training division will be hit the hardest first, but is grooming leadership internally and has a ready pool of experienced community agencies to draw upon.

D. Outcomes for 2003 Workplan - Preliminary

1. Emergency Preparedness

- Continue to provide leadership for City role in preparedness for bio-terrorism incident.
- Work with Finance, Risk Management, Purchasing, the City Attorney, Business Agents and Human Resources to assess the potential costs and liabilities to the City for managing these events. There will be some difficult liability issues.
- Work collaboratively with the State, Hennepin County and City departments to successfully roll out a smallpox vaccination initiative.

2. Policy & Research

- Work with IGR and partners to successfully advocate at the Legislature for Safety-Net programs, EHDI Grant funds, tobacco endowment funds, MYP, TANF, CHS & MCH funding and to protect the rights of youth to secure confidential health and mental health services.
- Develop summary report and recommendations regarding Neighborhood health insurance health care utilization study.
- Disseminate findings of Adolescent Sports Participation study.
- Begin to work with community to develop recommendations regarding SHAPE II Survey findings.

3. Community Outreach

- Provide support to Civil Rights Department with the American Indian Summit
- Assist the "Friends of the Skyway Senior Center" with obtaining non-profit status for the purpose of fund raising on behalf of the center.
- Work with Little Earth, area law enforcement and community service providers to improve livability through a complement of law enforcement, public health and community programming strategies. Help Little Earth find resources for teen center.
- Work with Children's Defense Fund and IRS to step up community participation in Earned Income Tax Credit (EITC).

4. Public Health Initiatives

- Continue to work with community partners to build upon initiatives to reduce teen pregnancy and STI rates.
- Continue to convene community partners to share resources surrounding the health disparity grants.
- Develop a community advisory board to examine the challenges in the adolescent health care system with a particular focus on examining the future role and configuration of the School-Based Clinics.
- Work with Hennepin County to increase it's participation in assisting families new to the Minneapolis school system.
- Work with Minneapolis Schools to develop a sustainability plan for the "Life Skills" Curriculum (purchased through MDHFS resources).
- Develop a sustainability plan for Healthy Start and disseminate project results.

4. Employment & Training. Continue to oversee workforce delivery system with focus in the following areas:

- Summer Youth – maximize resources to provide summer job opportunities for Minneapolis youth. (1,200 youth served)
- Year Around Youth – provide support and oversight to community contractors with special emphasis on placement rate, and job and school retention outcomes. (890 attain work readiness skills)
- Dislocated Workers: Continue to manage re-employment programming with a goal of 85% wage replacement rate. (800 participants served).
- Oversee Adult Placement and Training programming for low income residents, with a goal of \$9.80- per hour at placement. (estimate 750 placed in jobs)
- Welfare to Work: Continue to oversee the provision of assessment, job readiness, training, placement and support services to MFIP participant. Goal for average wage at placement is \$9.35 per hour. (5,400 placed in jobs)

Attachment 1. What are the practical implications of our Guiding Principles?

- Community partnerships validate local decision-making and are central to our work. We work with the community's perceived needs.
- We don't hire our own staff to do what the community can do. This is a practical effect of building capacity.
- We work with partners beyond those with whom we have contract relationships. In many cases, partnerships are driven by a shared vision and the need to problem solve.
- We are aware that this department makes a unique contribution in the areas of policy development, research, connecting crosscutting initiatives and seeking out funding sources.
- DHFS and its community partners are interdependent. The department works with over 200 community agencies and organizations and the success of these enterprises is critical to the health and well being of our communities.
- The partnerships we form with community agencies have a "snowball effect"—one project leads to another, evolving into expanded and deeper relationships to address various health, employment and social service issues, with the community at the core.
- A partnership can take many forms. It may focus on a particular geographic area of the community, such as Little Earth, or the Weed and Seed Neighborhoods, or a group may coalesce around a particular issue of importance to a racial or ethnic group, such as the Healthy Start or STI initiatives, which target disparate conditions of health.
- Multiple issues may also be addressed by developing partnerships that integrate various disciplines. For example, the summer youth job program brings community agencies and public organizations together, in the context of the youth employment delivery system, to provide youth development services and support school achievement.

Attachment 2. Summary of community partnerships with funding source.

- Grants/Foundations (G);
- Community Development Block Grant (CDBG);
- Staff in-kind assistance (S);
- City General Fund (\$)

Special projects/partnerships to connect health and youth development through sports

Hospitality House.(S) The Department is working closely with Hospitality House in North Minneapolis on a pilot project that more closely integrates adolescent health and wellness messages into community athletic programs.

New Communities/ New Sports. (S) The Department has taken the lead and initiated a discussion with several other community groups including the Urban Coalition, St Paul/Ramsey Community Health and the Minnesota State High School League in developing a planning project that looks at how we can support sports in new immigrant communities as community engagement and health improvement strategies.

Special projects/partnerships with new arrivals

Minneapolis Multicultural Services. (\$, CDBG, G) Working with all City departments to increase access to services for limited English speaking Minneapolis residents. Staff serve on the state's Immigrant and Refugee Health Advisory Task Force, and meet with community based providers to promote the service within the community. These community linkages often lead to additional partnerships and efforts to address the needs of new arrivals.

New Families Center. (G, S) Key partners in the New Families Center are the Children's Defense Fund, the Minneapolis Public Schools and MDHFS. The New Families Center serves primarily families of students entering the Minneapolis Public Schools who do not speak English as their first language. The Center has provided more than 2,000 immunizations which allowed new students to enter school without delay, and assisted 900 students acquire health insurance.

Senior ESL. (\$, S) Multicultural Services staff is partnering with Confederation of Somali Community in Minnesota and the Skyway Senior Center to provide interactive conversational ESL for seniors. Over 40 Russian and Somali students and 15

American volunteers are currently participating in this very popular class which helps to alleviate feelings of isolation and improve communication skills. Grant funding is being sought to continue this offering in the future.

Somali Mental Health. (S) Working with Confederation of Somali Community in Minnesota, Community University Health Care Center, HCMC, UCare Minnesota, and others to develop a planning grant to assess the mental health needs of Somalis in Minneapolis and develop strategies for improving mental health care for this community.

Good Neighbor Education. (\$) Minneapolis Multicultural Services staff are working with Minneapolis Adult Basic Education to orient new immigrants about being a 'good neighbor' through ESL classes. The curriculum will include information on several topics including health and safety in the home, landlord/tenant issues, and emergency preparedness.

Special projects/partnerships with racial, ethnic and native communities:

La Feria. (\$, S) The Latino Family Resource Fair is an annual event hosted in collaboration with La Oportunidad, MHP, and other organizations. The purpose of La Feria is to provide Latino families with information about resources for education, health and social services, employment, housing, small businesses, and City services in a festive, family environment. This is a very well attended annual event. 2002 was the 8th year.

Little Earth Initiatives. (G, S) DHFS partners with the Little Earth community on various topics to address the unique issues of urban American Indians.

- A head lice intervention project to increase school attendance emerged out of city/county planning meetings.
- The Little Earth Community Wellness Initiative is a proposed project to work with the University of Minnesota School of Nursing to reduce the risk factors that contribute to the high rates of diabetes and cardiovascular disease among American Indians.
- The Little Earth Neighborhood Early Learning Center (NELC)/MN Visiting Nurses Association (MVNA) project is an effort build trusting relationships between the American Indian community and public health nursing to address infant mortality in that community.
- DHFS works with the Metro Urban Indian Directors (MUID), Health Committee to develop a community wide consensus on the priority health needs in the Twin Cities urban American Indian Community, and help bring visibility to those issues through joint planning of Days on the Hill and other advocacy efforts.

MUID Memorandum of Understanding. (S) This department has taken the lead in working with the City Council and the Metropolitan Urban Indian Directors as we start to work out the details of the proposed MOU.

Hispanic home visiting project. (G) Developed culturally appropriate home visiting program for undocumented pregnant and parenting teens in partnership with Chicanos Latinos Unidos in Servicio (CLUES) and MVNA using funds from the Alliance for Families and Children.

Stairstep Foundation. (G, S) DHFS convened meetings with and surveyed faith community representatives on the connection between faith and health. The department developed a report of these efforts entitled “Faith Communities and Public Health: Partners for Healthier Communities.” Two outcomes of these meetings were a relationships with the Stairstep Foundation, and a decision to work together on a proposal to the MN Department of Health for health disparities funding. This proposal was accepted and Stairstep Foundation’s 26-member community partnership currently uses the funding to address eight priority health areas in the African American community.

Special partnerships to improve the health of babies, infants and children

Healthy Start. (G) Improve efforts to reduce infant mortality in African American and Native American communities. Secured four more years of funding for Healthy Start Program. Advisory groups composed of consumers, community members and agencies serving pregnant women and young children guide Healthy Start. Insights gained through the Healthy Start program have informed efforts within the American Indian Community and state policy level discussions to improve prenatal services for poor urban women.

CHAMP Books. (G) Partner with community clinics, the Minneapolis Public Library and the Minneapolis Foundation to distribute over 5,000 new, age-appropriate books to young children (0-2 years) at well child check visits. Teach parents about the importance of book sharing in their young children’s development.

Healthy Learners Board Initiatives. (G, S) The Healthy Learners Board is a collaborative involving health plans, health providers, Minneapolis Public Schools, MDHFS, foundations and others concerned about the health of students in the Minneapolis Public Schools. Efforts directed by this group include the New Families Center (see separate description), an Asthma Initiative and the No Shots No School initiative. The No Shots No School effort between the schools, plans, private providers and public health resulted in 98% of kids having up to date immunizations at the start of school 2001. The Asthma Initiative resulted in fewer visits to the school health offices, and consequently more time in class. A national grant has allowed the effort to extend to new partners and to include replication in St. Paul.

Lead Hazard Reduction Network. (G, S) DHFS partners with the Sustainable Resources Center, Greater Minneapolis Day Care Association, NRP, MCDA, Environmental Health and Hennepin County to reach goal of making the city lead safe by

2010. The partnership serves to increase screening, remediate hazards in homes, and apply for additional children's environmental health grants.

Perinatal care coordination. (S) DHFS worked with the Minnesota Department of Health to gather information from health plans, the MN Department of Human Services, hospitals, community clinics and public health nursing agencies about the perinatal care coordination system in Hennepin and Ramsey Counties. The findings of this effort were published in a report "Falling through the Cracks: An Analysis of Care Coordination for Low-Income Pregnant Women in Hennepin and Ramsey Counties." (2002). DHFS is working with medical and home visiting providers to increase care coordination for these at-risk women and babies.

Partnership with the Schools and Sierra Club. The Department is working with the Sierra Club and the Minneapolis Public Schools Transportation office to put together a special project that reduces bus idling and the level of diesel fumes around school bus loading areas.

Special projects/partnerships on youth development and risk behaviors

Curfew Truancy Center. (CDBG, G, S) The Curfew Truancy Center involves a joint powers agreement between Hennepin County, the City of Minneapolis and the Minneapolis Public Schools, each of which has a 1/3 stake in the operation of the Center. Representing the community's interests, the Minneapolis Urban League manages the Center, and coordinates day to day operations with the Minneapolis Police, Hennepin County Social Services and the Minneapolis Public Schools.

Teen Parent Connection: (S) Working with the Minneapolis Public Schools, Minneapolis Foundation, Hennepin County and MOAPPP, DHFS has convened community elected leaders as well as representatives of community based organizations to address issues facing teen parents. Local government agencies and community organizations are being asked to sign on to a memo of agreement to formalize an ongoing collaborative that will work to find and connect teen parents to school and community supports.

Peer Educator Substance Abuse Training. (G) Work with seven peer educator programs in Minneapolis to provide a one-day leadership conference for over 70 peer educators in 2001 and 2002, teaching them about the links between alcohol and other substance use and high-risk sexual and other behaviors. Youth help facilitate the day, and design a resource manual to bring the messages out to their peers.

Youth Tobacco and Alcohol Use Prevention. (G) DHFS policy staff work with community agencies, schools, other city departments, county and state public health, advocacy groups, and tobacco and alcohol license holders to reduce youth use

of tobacco and alcohol, and thereby reduce their negative health impacts on our community. Tobacco prevention efforts include close relationships with community agencies serving populations of color, work with Target Market, and community-based interventions with 7 mini-grants to community agencies.

Year-round Youth Program. (G) Programs are operated by eight community-based non-profit agencies that contract with DHFS to provide work readiness, job placement and school retention services to MPS students who are at risk to drop out.

The Summer Youth Program. (CDBG, G) DHFS collaborates with the Department of Economic Security, the Minneapolis Public Schools and more than forty community-based organizations to provide learning rich summer jobs for 800 Minneapolis youth.

Youth Risk Behavior Grants. (G) Data and community interest guided DHFS's decision to focus state funds created to address youth risk on sexuality related risk factors. The funds were allotted to community agencies with programs supporting healthy youth development. DHFS convenes the grantees to facilitate mutual learning. Community capacity was enhanced by also funding a Middle school decision-making curriculum in the Minneapolis Public Schools and by offering support for ongoing training of community youth workers.

STI efforts. (\$, S) In collaboration with a community collaborative, DHFS convened community health providers to initiate changes in clinical practice to a less invasive test for STIs and to promote testing and treatment for STIs in communities disproportionately affected by these infections. Local youth played a key role in directing these efforts. DHFS is also spearheading efforts to increase testing, treatment and education in CD and correctional settings.

School-Based Clinics/Adolescent Health Care Coalition. (S) Health plans, health systems, public health, and adolescent health providers work together to improve the health care system so that more teens have access to and use health care. The group explores reimbursement, confidentiality, family and other issues as they influence youth access to services.

Suicide prevention. (G) DHFS partnered with Washburn Child Guidance Center to secure an MDH grant to develop a "gatekeeper" training program. This program builds the capacity of front line workers to recognize signs of depression in youth and provides the tools for responding. A goal of the project is to develop culturally specific interventions for GLBT youth and youth of color. Targeted are staff at the Minneapolis Alternative Schools.

Teen Health Role Model Posters. (G, S) DHFS is partnering with Barbara Leone, MD, North Memorial Family Practice Clinic, and Julia Joseph diCapprio, MD, Director of HCMC Teen Clinic. Posters highlight health care professionals of color and motivational messages to teens on staying in school in order to reach their dreams.

Special projects/partnerships helping people find work

Minneapolis Employment and Training Program. (\$, G) METP utilizes a community-based strategy to help people find work. The dislocated worker, welfare to work, and low-income adult program partners with two dozen organizations that range from alternative schools to refugee assistance programs.

Special projects/partnerships for seniors and others in the community

Skyway Senior Center. (G, S) Spearheaded the development of the Skyway Senior Center at the new Target downtown store. Development partnership included Ryan Companies and Target Corporation, Minneapolis Public Housing Authority, Minneapolis Public Schools, Downtown NRP, the University of St. Thomas and a long list of senior serving organizations.

Senior Chore Services. (CDBG, S) Based on findings from six community forums and nearly 700 surveys, DHFS redirected CDBG funds to provide chore services to seniors, maximizing their independence and their ability to stay in their own homes. DHFS works with HandyWorks and Pilot City Neighborhood Services to make chore services available to seniors throughout the city.

Special projects/partnerships to improve community livability

Weed and Seed. (G, S) Funded by the Department of Justice, Weed and Seed supports partnerships between residents, community organizations, and local and federal law enforcement organizations. Weed and Seed blends law enforcement and human services investments in order to reduce crime and improve livability in targeted high crime areas. Minneapolis presently has three Weed and Seed sites, in the Central, Phillips and Near North neighborhoods.

Youth access to alcohol: (G, S) Underage alcohol consumption leads to health problems for youth, and safety and livability issues for City residents. DHFS works with Police Licensing, Regulatory Services, the University of Minnesota, license holders, advocacy organizations, parent groups and neighborhood representatives to address these issues in our community.

XCELL Riverside Plant Emissions Analysis. (G) The Department engaged an environmental health researcher to develop an economic model predicting the health and human costs of emissions from the Riverside coal burning plant. The analysis completed in the Summer of 2002 points to a range of costs including lost productivity and health care expenditures exceeding \$50 million annually in Hennepin County. The analysis is being used by the MPCA in evaluating XCEL energy's recent request for rate increases.

Earned Income Tax Credit Outreach. The Department is working with the Childrens Defense Fund, the IRS and Legal Aid to increase the level of participation of eligible city residents receiving the federal EITC and the state's Working Family Tax Credit.

Attachment 3 - Policy and Research Activities Supporting Workplan Priorities

There are a number of important policy and research activities that support our workplan priorities. Some are listed below:

1. **2002 Survey of the Health of Adults, the Population, and the Environment (SHAPE):** Prepare a variety of publications and presentations that highlight topics of concern to a variety of constituencies and community partners. Prepare a comprehensive report examining the inter-relatedness of a variety of urban health and social issues.
2. **Twin Cities Healthy Start evaluation:** Twin Cities Healthy Start is a federally funded program administered by MDHFS to reduce infant mortality among African Americans and American Indians in Minneapolis and St. Paul. Major evaluation activities include management of client data collection systems, quarterly reports to program staff on process and outcome measures, annual reports to the federal government on required program objectives, and a client satisfaction survey. Additional activities include monitoring and comprehensive analysis of infant mortality and birth outcome statistics for the program service area to provide ongoing assessment data for program staff.
3. **Youth Suicide Prevention curriculum development and project evaluation.** MDHFS is developing culturally-specific curricula for the staff at Minneapolis Alternative Education Centers to increase the awareness of suicidal risk among the populations they serve and effective and culturally sensitive intervention methods. Changes in staff knowledge, attitudes and behavior will be evaluated.
4. **Other project evaluations** include evaluations of the secondhand smoke project, the lead project, the Minneapolis peer educators project, and the use of emergency contraception provided by school-based clinics. Research Division staff will also provide technical assistance re to recipients of health disparities grants from the Minnesota Department of Health.
5. **The Minneapolis Quality of Life Project** was initiated by MDHFS to explore the connections between local social conditions and health and measure change over time. Baseline data and an initial report will be released in 2003.
6. **Ongoing surveillance** and publications related to city health statistics and trends.
7. **Pending proposals:**
 - Little Earth Community Initiative: a proposal submitted to the National Institute on Nursing Research to design, implement, and evaluate activities to improve the dietary and physical exercise habits of Little Earth Community residents. A decision regarding funding is anticipated by June 2002.
 - Somali Mental Health planning grant: a proposal to be submitted to the Minneapolis Foundation to partner with the Somali community in Minneapolis to examine and improve the mental health, and the health promotion and service delivery system as it related to Somalis.

8. **Grant seeking:** MDHFS plans to initiate grant proposals that foster community partnerships that address racial/ethnic and socioeconomic health disparities and foster healthier behavior and community asset-building. A decision regarding funding is anticipated during the Spring 2003.
9. **Policy work on health disparities** is a continuous focus of departmental work. We regularly convene 32 Minneapolis community organizations that have received state grants. We work with communication, evaluation and sustainability efforts.
10. **Targeted policy work** includes policy briefs and stakeholder meetings on Childrens Oral Health, Lead testing, screening and abatement, youth access to alcohol, and accountability of private health care carriers.